

CITY OF GRIMES

FLOOD SURVEY

GRIMES, IOWA

Name of property owner: _____

Address of property: _____

Phone number: _____ email: _____

If questions are answered by the tenant, name and phone number of the tenant

The following questionnaire will be used to evaluate and address areas of town that received flood waters and damage during the **recent** heavy rainfall events of July and August:

1. Did the recent storm events cause flooding or ponding in the following locations that resulted in damage to your property:

- | | | |
|-----------------------------------|-----------|----------|
| a. Yard flooding? | Yes _____ | No _____ |
| b. Street flooding? | Yes _____ | No _____ |
| c. Basement flooding? | Yes _____ | No _____ |
| d. Other flooding? Describe _____ | | |

Has this problem occurred in the past? Yes _____ No _____

If yes, describe how often this occurs _____

2. Did you have storm water in your basement? Yes _____ No _____

If yes, what was the cause?

- | | | |
|---|-----------|----------|
| a. Floor drain backup? | Yes _____ | No _____ |
| b. Toilet or sink backup? | Yes _____ | No _____ |
| c. Sump pump overflow? | Yes _____ | No _____ |
| d. Water coming in through basement walls? | Yes _____ | No _____ |
| e. Water coming up through cracks in the basement floor? | Yes _____ | No _____ |
| f. Water coming through the joint between the wall and floor? | Yes _____ | No _____ |
| g. Water coming in through basement windows? | Yes _____ | No _____ |
| h. Other flooding problems? Please explain _____ | | |

Has this problem occurred in the past? Yes _____ No _____

If yes, describe how often this occurs _____

3. Is there a storm sewer on the property? Yes _____ No _____

If yes, describe _____

4. Did you observe street flooding over the top of curb? Yes _____ No _____
Has this problem occurred in the past? Yes _____ No _____
If yes, describe how often this occurs _____

5. How soon does the flooding start after the rainfall and how long does the water remain in the flooded areas (yard, basement or street)?
Please detail _____

6. Did you have sanitary sewer backups in your basement floor drain? Yes _____ No _____
If yes, has this problem occurred in the past? Please describe how often this occurs.

7. Do you have any sanitary sewer problems that you are aware of? This includes times when heavy rainfall is not occurring. Please detail. _____

8. Has your sanitary sewer service ever been replaced? Yes _____ No _____
If yes, when? _____
9. How often do you have your sanitary service jetted or cleaned? _____
10. Do you have a sump pump? Yes _____ No _____
If yes, how often does it run? _____

Do you have any questions about this study that were not answered in the newsletter or any additional comments?

Thank you for your assistance in this study!
Please return this survey by mail to:

**The City of Grimes
101 NE Harvey Street
Grimes, Iowa, 50111**

or drop off at City Hall at 101 NE Harvey Street.

Questions? Call: 515-986-3036 to speak with Kelley Brown